



1654.

TRANSMITTAL FORM

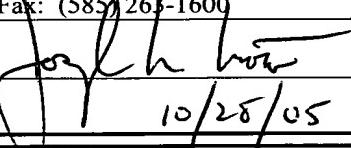
(to be used for all correspondence after initial filing)

		Application Number	10/502,284
		Filing Date	January 17, 2003
		First Named Inventor	Rinaldi
		Group Art Unit	1654
		Examiner Name	Jennifer I. Harle
Total Number of Pages in This Submission	6	Attorney Docket Number	27419/150 (4308PT US)

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply (\$ _____) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request (\$ _____) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement (\$ _____) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Notice to File Missing Parts/ Incomplete Application (\$ _____) <input type="checkbox"/> A copy of the Notice to File Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition (\$ _____) <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer (\$ _____) <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to Group (\$ _____) <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input checked="" type="checkbox"/> A self-addressed, prepaid postcard for acknowledging receipt <input type="checkbox"/> Check in the amount of \$ _____ <input type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>
Remarks		
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 14-1138 for the above identified docket number.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm <i>or</i> Individual name	Joseph M. Noto Nixon Peabody LLP Clinton Square, P.O. Box 31051 Rochester, New York 14603-1051 Telephone: (585) 263-1601 Fax: (585) 263-1600	
Signature	 Registration No. 32,163	
Date	10/28/05	

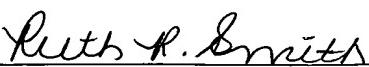
CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]

I hereby certify that this correspondence is being:

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Oct. 28, 2005

Date



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PATENT
Docket No.: 27419/150 (4308PTUS/er)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants	:	Rinaldi et al.)	Examiner:
)	Jennifer I. Harle
Serial No.	:	10/502,284)	
)	Art Unit:
Cnfrm. No.	:	1852)	1654
)	
PCT International)	
Application No.	:	PCT/EP03/00519)	
)	
Int'l Filing Date	:	January 17, 2003)	
)	
For	:	COMPOSITION FOR)	
		PHARMACEUTICAL OR DIETETIC)	
		USE FOR COMBATING HAIR LOSS)	
)	

RESPONSE TO RESTRICTION AND SECOND PRELIMINARY AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

The following amendments and remarks are respectfully submitted in connection with the above-identified patent application:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 5 of this paper.